

215050899
72771

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 183	Agency Case No. B5-112898	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/05/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY Amended 12/06/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 2254	POLICE NOTIFIED 2304		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Private Parking Lot 4141 South 70th Street			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.		LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
V1/M	20	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN			
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
F	1	VEHICLE NO. 1					
V1/N	1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.		
G	1	OWNER UNKNOWN	PHONE	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
H	5	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	
V1/O	2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	
V2/O	3	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY	POLICY NO.	
I	1	VEHICLE NO. 2					
V1/P	8	DRIVER LICENSE NO.	H13722665	STATE (Of License)	NE	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.		
J	01	OWNER ALAA H HAMZA	PHONE 402-304-3773	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/Q	4	LICENSE PLATE PA NO.	TVU982	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/Q	3	VEHICLE	2002	Toyota	Avalaon	4 door Sedan	
K	01	VEHICLE ID NO. (VIN)	4T1BF28B62U204558	INSURANCE COMPANY	Allied	POLICY NO. PPCM0051576253-1	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	2	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #		NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #		NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		

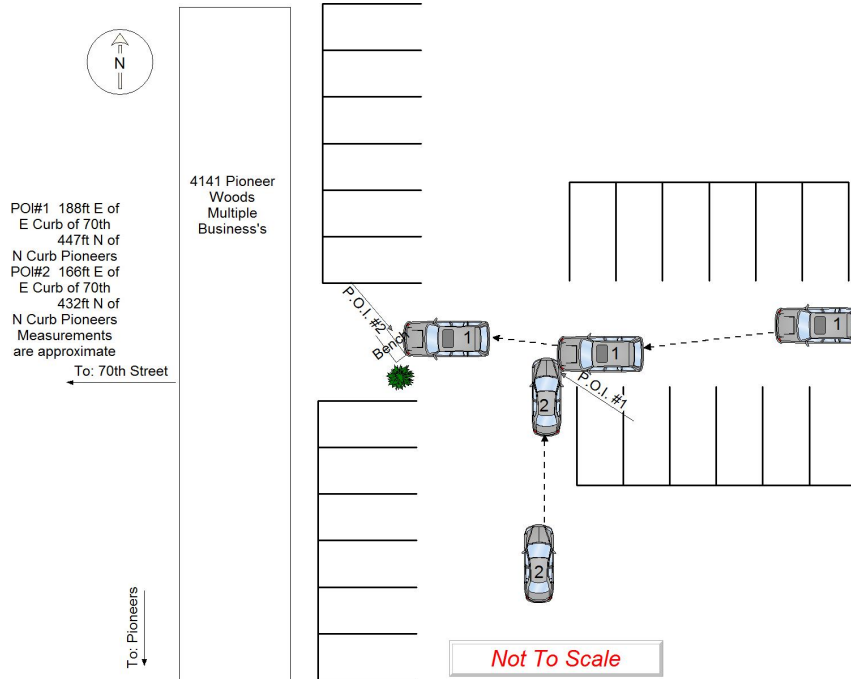
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-112898



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

DR#2 reports he was Southbound in the private lot when VEH#1, which was Westbound, struck the front of his vehicle. The Veh then continued Westbound striking a bench. VEH #1 then fled the scene. DR#2 transported by LFR Medic 6 to Bryan West for minor injuries.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Bench Dislodged from	Pioneer Woods Shopping Center	4141 Pioneer Woods Drive, Lincoln, NE 68506		\$ 50
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		1				2				VEH 1			
1				X	Private Lot	POINT OF IMPACT	08	POINT OF IMPACT		6				9				Driver No. 1			
2	X				Private Lot	MOST DAMAGED AREA		MOST DAMAGED AREA	02	1 Deployed - front				1 None used - vehicle occupant				Driver No. 2			
1	01	06 Turning left								2 Deployed - side				2 Lap & shoulder belt used				Pedestrian			
2		08 Entering traffic lane								3 Deployed - both front/side				3 Shoulder belt only used				Y			
					01 Essentially straight ahead	02 Top & windows	03	04	4 Not deployed				4 Lap belt only used				N				
					02 Backing	10 Undercarriage	05		5 Not applicable/ No airbag available				5 Child safety seat used				X				
					03 Changing lanes	11 Total (all areas)	06		6 Unknown				6 Child booster seat used				N				
					04 Overtaking/ Passing	12 Other							7 DOT approved helmet used				X				
					05 Turning right	13 Unknown							8 Costume helmet used				N				
													9 Restraint use unknown				5				
																	1				

OFFICER NO.	TROOP/ TEAM/ BEAT	DEPARTMENT	Photographs taken?
1726	11	Lincoln Police Department	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT
Joseph Keiser	Approved by Ofc Joseph Keiser	12/06/2015